

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MG		4/16/99
O.I.P.E. CLASSIFIER		25	04-22-99
FORMALITY REVIEW	CM	71632 71632	4/30/99 8/5/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/16/99
2		✓	4/22/99
3			8/5/99
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36	✓	✓	✓
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39	✓	✓	✓
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	4/16/99
52		✓	4/22/99
53		✓	8/5/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here